

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018349

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3			1			
4	2		2			
5	2		2			
6	1		1			
7	2		2			
8	0		0			
9	0		0			
10	0		0			
11	0		0			
12	0		0			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	4		4			
18	0		0			
19	0		3			
20	0		3			
21	0		0			
22	0		0			
23	0		0			
24	0		0			
25	0		0			
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49						
50						
TOTAL IND.	8		7			
TOTAL DEP.	23	↔	28	↔		
TOTAL CLAIMS	31		33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS